

State of Michigan
 Department of Attorney General
 Charitable Trust Section

Charitable Solicitation Campaign Financial Statement

| | |
|---|---|
| | |
| Name of Charitable Organization: | Legal Name of Professional Fundraiser: |
| | |

| | |
|---|--|
| Charity's MICS Number or EIN: _____ | MIFR Number: _____ |
| Period covered by this report: _____ to _____ | |
| Type of report: _____ | Final report Annual or interim report |

Part I. General Information

A: Fundraising methods used in this campaign: (mark all that apply)

| | | |
|-------------------|-----------------------|------------------|
| Telephone | Internet/Social media | Special event |
| Direct mail | Radio/television | Other (describe) |
| Vehicle donations | Door to door | _____ |

B: Books and records of this campaign are in the care of:

| | | | |
|-----------|-------|----------|-------|
| Name | _____ | | |
| Address | _____ | | |
| City | State | Zip code | _____ |
| Telephone | _____ | | |

Part II. Financial Information

Report amounts from entire campaign, not just Michigan. Include all revenues and costs of any sub-contractors. Net amount to charity on line D should be after all costs of campaign have been deducted, including any costs contracted or incurred separately by the charity.

| | |
|---|----------|
| A. Gross receipts collected in campaign | \$ _____ |
| B. All campaign costs paid to, or retained by, PFR | \$ _____ |
| C. Campaign costs, not included on B, incurred by charity | \$ _____ |
| D. Net amount to charitable organization | \$ _____ |

Attach a schedule itemizing expenses of the campaign deducted to determine net amount to charity.

The sum of lines B, C, and D must equal line A. However, if line D would be a negative number, only enter the negative number if the charity incurred the loss on the campaign. Otherwise, enter zero.

Part III. Certifications of Charity and Professional Fundraiser

I certify that the statements and information on this Campaign Financial Statement are accurate, complete, and true to the best of my knowledge.

| | |
|-------------------------------|----------------------|
| Organization signature: _____ | PFR signature: _____ |
| Print name: _____ | Print name: _____ |
| Date: _____ | Date: _____ |